16/01/2019 LD-2 Disclosure Form

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 http://lobbyingdisclosure.house.gov Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510 http://www.senate.gov/lobby

## LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

| 1. Registrant Name ✓ Organization/Lobbying Firm ☐ Self Employed TYSON FOODS, INC   | l Individual  |                               |  |  |  |
|--|---|-------------------------------|--|--|--|
| 2. Address Address 601 PENNSYLVANIA AVENUE, NW, #750   | Address2  |                               |  |  |  |
| City <u>WASHINGTON</u> State   | <u>Propriet DC                                   </u>   | Country <u>USA</u>            |  |  |  |
| 3. Principal place of business (if different than line 2)  |   |                               |  |  |  |
| City State   | Zip Code  | Country                       |  |  |  |
| 4a. Contact Name b. Telephone N Mrs. NORA H. VENEGAS 2023933921  | Jumber c. E-mail<br>nora.venegas@tyson.com  | 5. Senate ID#<br>79255-12     |  |  |  |
| 7. Client Name  Self  Check if client is a state  TYSON FOODS, INC   | 6. House ID#<br>362310000   |                               |  |  |  |
| 9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report Termination   | Date 11. No Lobbying Issu   |                               |  |  |  |
| INCOME OR EXPENSES - YOU   | J MUST complete either Line 12 or Line  | 13                            |  |  |  |
| 12. Lobbying INCOME relating to lobbying activities for this reporting period was:  Less than \$5,000  | 13. Organizations  EXPENSE relating to lobbying activities for this relations  Less than \$5,000            | eporting period were:         |  |  |  |
| \$5,000 or more \$   | \$5,000 or more \$ 371,224.00   |                               |  |  |  |
| Provide a good faith estimate, rounded to the nearest \$10,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client). | 14. REPORTING Check box to indicate expense accounting method. See instructions for description of options. |                               |  |  |  |
|  | ☐ <b>Method A.</b> Reporting amounts using LDA definitions only   |                               |  |  |  |
|  | ✓ <b>Method B.</b> Reporting amounts under section 6033(b)(8) of the Internal Revenue Code                  |                               |  |  |  |
|  | ☐ <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code                      |                               |  |  |  |
| Signature Digitally Signed By: Charles Penry   |   | Nate 8/16/2016<br>11:42:53 AM |  |  |  |

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|      |                            |                      |                     |               |                   |   | ne registrant engaged in lo<br>lested. Add additional pag |         |
|------|----------------------------|----------------------|---------------------|---------------|-------------------|---|---|---------|
| 15.  | . General issue area cod   | e                    |                     |               |                   |   |   |         |
| 16.  | . Specific lobbying issue  |                      |                     |               |                   |   |   |         |
|      |                            |                      |                     |               |                   |   |   |         |
| 17.  | . House(s) of Congress a   | and Federal agenci   |                     | f None        |                   |   |   |         |
| 18.  | . Name of each individu    |                      |                     | area          |                   |   |   |         |
| Fi   | rst Name                   | Last Nam             | e                   | Suffix        | :                 | Covered Officia                               | al Position (if applicable)                               | New     |
| 19.  | . Interest of each foreign |                      |                     |               |                   | Check if None                                 |   |         |
|      |                            |                      |                     |               |                   |   |   |         |
| In   | formation Updat            | te Page - Con        | plete ONLY          | where re      | gistrati          | on informatio                                 | n has changed.  |         |
| 20.  | . Client new address       |                      |                     |               |                   |   |   |         |
| 1    | Address                    |                      |                     |               |                   |   |   |         |
|      | City                       |                      |                     |               | State             | Zi  | p Code  | Country |
| 21.  | . Client new principal pl  | lace of business (if | different than line | 20)           |                   |   |   |         |
| City |                            |                      | State               |               | Zi                | p Code  | Country   |         |
| 22.  | . New General descripti    | on of client's busin | ess or activities   |               |                   |   |   |         |
|      |                            |                      |                     |               |                   |   |   |         |
| T 4  |                            |                      |                     |               |                   |   |   |         |
|      | OBBYIST UPDA               |                      |                     |               |                   |   |   |         |
| 23.  | . Name of each previous    | sly reported individ | ual who is no longe | er expected t | to act as a       | •   |   |         |
|      | First Name                 | First Name Last Name |                     | Suffix        | Suffix First Name |   | Last Name   | Suffix  |
| 1    | David                      | Menotti              |                     |               | 3                 |   |   |         |
| 2    |                            |                      |                     |               | 4                 |   |   |         |
|      |                            |                      |                     |               |                   |   |   |         |
| IS   | SUE UPDATE                 |                      |                     |               |                   |   |   |         |
| 24.  | . General lobbying issue   | that no longer per   | tains               |               |                   |   |   |         |
| -    |                            |                      |                     |               |                   |   |   |         |
| _    |                            |                      |                     |               |                   |   |   |         |
| A]   | FFILIATED OR               | GANIZATIO            | NS                  |               |                   |   |   |         |
| 25.  | . Add the following affil  | liated organization  | (s)                 |               |                   |   |   |         |
|      | ernet Address:             | -                    |                     |               |                   |   |   |         |
|      |                            |                      |                     | Addı          | ess               |   |   |         |
| Name |                            |                      | Street Address Pri  |               |                   | ripal Place of Business and state or country) |   |         |
|      |                            |                      | City                | State/Pro     | vince Z           | Cip Country                                   | 1   |         |

| 6/01/2019                                    | LD-2 Disclosure Form                                |   |   |  |                                |  |  |
|--|---|---|---|--|--------------------------------|--|--|
| Name   | Address City State/Pr                               | dress ovince Zip Country                          | Principal Place of Business (city and state or country) |  |                                |  |  |
|  |   |   | City<br>State   | Counti   | у                              |  |  |
| 26. Name of each previousl                   | y reported organization that is no longer affiliate | ed with the registrant or client                  |   |  |                                |  |  |
| 1  | 2   | 3   |   |  |                                |  |  |
| FOREIGN ENTITION 27. Add the following forei |   |   |   |  |                                |  |  |
| Name   | Address Street Address City State/Province Country  | Principal place of busin (city and state or count |   | Amount of contribution for lobbying activities | Ownership percentage in client |  |  |
|  |   | City<br>State Country                             |   |  | %                              |  |  |
| 28. Name of each previousl                   | y reported foreign entity that no longer owns, or   | r controls, or is affiliated with                 | the regis   | strant, client or affiliate                    | ed organization                |  |  |
| 1 2  | <u>3</u><br><u>4</u>                                | <b>5</b>  |   |  |                                |  |  |